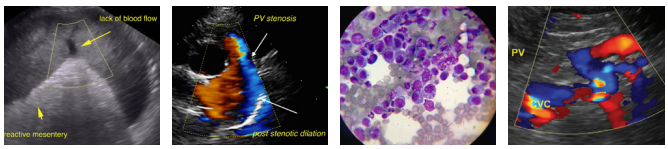
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Mystery Lamanna

SPECIES
Feline

BREED
DSH

SEX
Female

AGE
7 Years

WEIGHT
8.9 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho-Ho-Kus VH

REFERRING VET
Dr. Scott

INVOICE
36497

DATE
3/28/22

PRESENTING CLINICAL SIGNS

Routine bloodwork revealed high calcium
Abnormal PE/Chem/CBC/UA Results: Ionized calcium elevated, PTH low, PTHrP still pending chest rads WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is inadequately filled, however, the mucosa appears mildly irregular. Subclinical bacteriuria or a urinary tract infection cannot be excluded.

The left kidney is within normal limits in size (4.1 cm) for the patient's weight. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size (3.71 cm) for the patient's weight. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The left adrenal gland measures 0.35 cm at the caudal, 0.35 cm at the cranial pole, 0.93 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures approximately 0.43 cm x 0.8 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

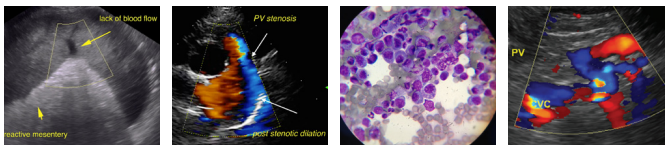
There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

The gall bladder wall appears to be within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the wall. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.



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Pancreas

Both the left and right limbs of the pancreas have a coarse echotexture and are mildly heterogeneous. These changes are most likely due to nodular hyperplasia and foci of fibrosis. The changes are considered age related and possibly secondary to previous episodes of pancreatitis, respectively. There are no signs of active pancreatitis.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

An oval shaped structure with a hyperechoic capsule measuring 0.53 cm in diameter x 0.54 cm in length is noted in the right cranial quadrant of the abdomen in the region of the right kidney. It is not associated with a specific organ and is most likely due to a Bates body, which is not considered pathological.

ULTRASONOGRAPHIC FINDINGS

- No significant abnormalities are observed on today's ultrasound to explain Mystery's hypercalcemia. An obvious neoplasm is not observed. Based on the current results of the ionized calcium, PTH and phosphorus, idiopathic hypercalcemia will be the likely diagnosis (i.e., pending the PTHrP).
- Very mild changes are observed with the pancreas, which may be suggestive of nodular hyperplasia and age related changes.
- Very mildly irregular mucosa of the urinary bladder, which may be suggestive of an underlying urinary tract infection.
- The possible Bates body observed in the right cranial quadrant of the abdomen, is not considered pathological.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis, +/- urine culture, would be ideal.

Evaluation of Mystery's diet is recommended, in addition to determining whether she has access to vitamin D containing ointments (for example licking client's arms, etc.), as the latter may cause hypercalcemia.

Evaluation of a vitamin D concentration may be suggested depending on the result of the PTHrP and Mystery's clinical history.

An evaluation of the mammary glands, lymph nodes, and a rectal examination (before and after having expressed the anal sacs) is also recommended, if not already done, to exclude neoplasia.

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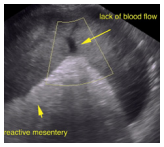

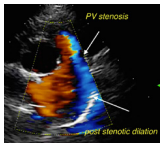

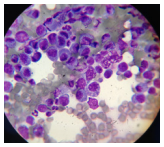
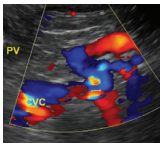

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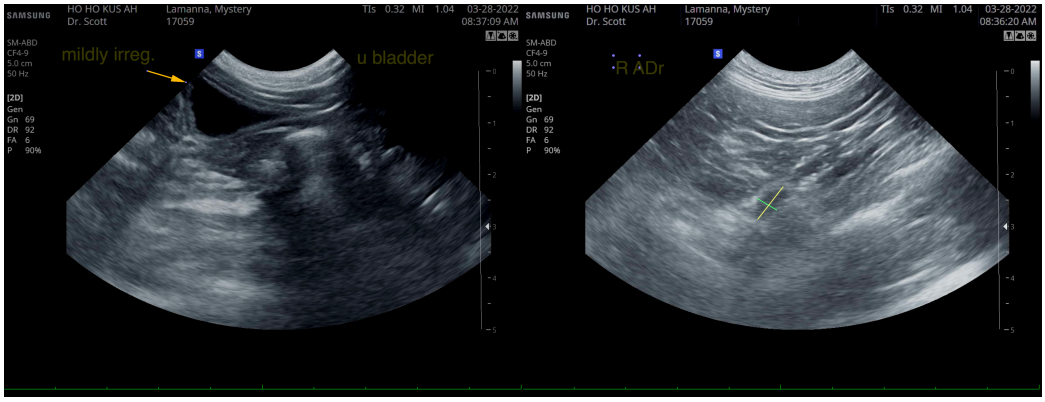

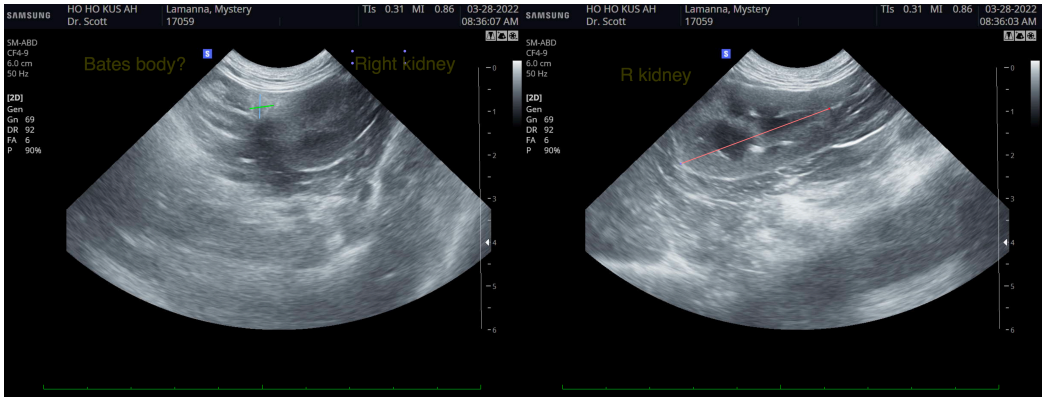

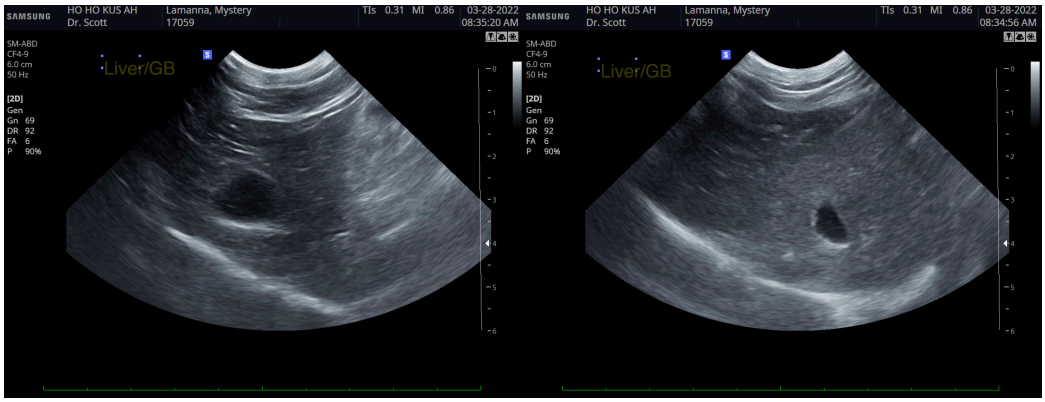

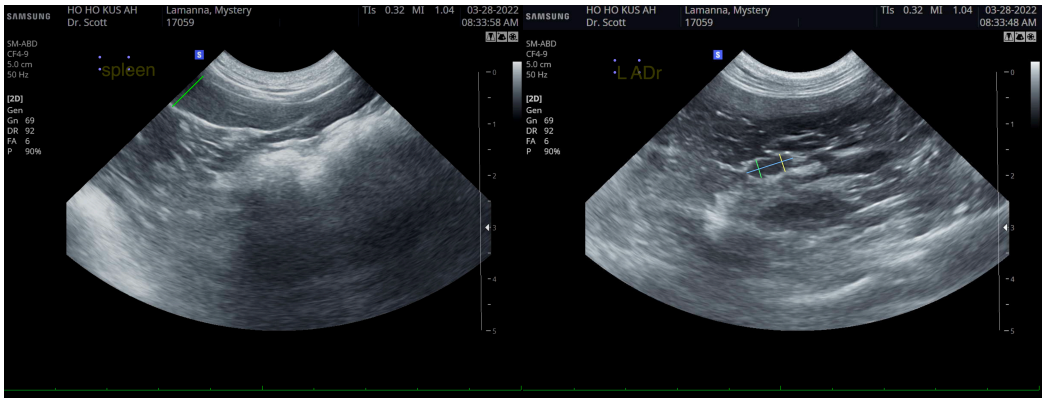

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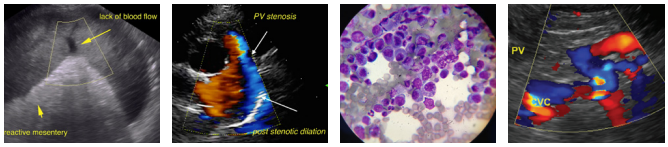

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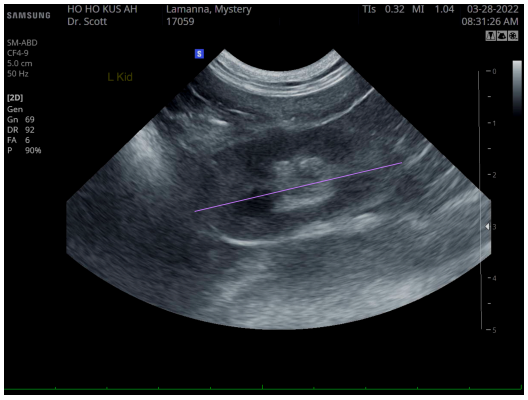

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com